

## **Application Data Sheet**

### **Application Information**

Application number::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: METHODS FOR TREATING BLOOD  
DISORDERS WITH NITRIC OXIDE  
DONOR COMPOUNDS

Attorney Docket Number:: 0102258.00375US2

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity  
Given Name:: Manuel  
Middle Name::  
Family Name:: WORCEL  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Gloucester Street, No. 4  
  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 02115

**Correspondence Information**

Correspondence Customer Number:: 25270

**Representative Information**

Representative Customer Number:: 25270

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US05/010935	03/31/05
US05/010935	An application claiming the benefit under 35 USC 119(e)	60/557700	03/31/04

**Foreign Priority Information**

**Assignee Information**

Assignee name:: NitroMed, Inc.  
Street of mailing address:: 125 Spring Street  
  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 02421-7801